

Faculty/Staff/Dependent Exemptions

FACULTY/STAFF APPLICATION FOR FEE EXEMPTION

Name: _____ ULID#: _____
Title: _____ Department: _____
Date Employed: _____ Semester: _____
Course: _____ Credit Hours: _____

I hereby certify that I have met all requirements for the above exemption.

EMPLOYEE SIGNATURE

DATE

SPOUSE/CHILD APPLICATION FOR FEE EXEMPTION (Undergraduate Studies Only)

Employee Name: _____ ULID#: _____
Title: _____ Department: _____
Date Employed: _____
Spouse/Child Name: _____
ULID#: _____ Semester Attending: _____
Child Date of Birth: _____ Hours Scheduled: _____

I hereby certify that the above applicant is my spouse/legal dependent for tax purposes during this calendar year.
I hereby certify that I have met all requirements to receive this exemption.

EMPLOYEE SIGNATURE

DATE

ADMINISTRATIVE SERVICES USE ONLY

Date Employed: _____ Assessed Fee: _____
Full Time: _____ (YES) _____ (NO) _____ Child DOB Verified: _____
Date Retired: _____
Human Resources: _____ Administrative Services: _____

FEE EXEMPTION

Date: _____ Semester: _____
Student Number: _____ Code: _____
Student Name: _____ Exemption Amount: _____
Exemption Approval: _____ Date: _____